

APPLICATION FOR PERMIT TO DRILL, DEEPEN OR PLUG BACK

APPLICATION TO DRILL ☒ DEEPEN ☐ PLUG BACK ☐NAME OF COMPANY OR OPERATOR Dorado, Ltd. DATE May 10, 1982Box 331 GRANDVIEW, Mo. 64030 State _____
Address City

DESCRIPTION OF WELL AND LEASE			
Name of lease Crosson Lease		Well number 2	Elevation (ground) 978'
WELL LOCATION (give footage from section lines) <u>1359'</u> ft. from (N) (S) sec. line <u>1744'</u> ft. from (E) (W) sec. line			
WELL LOCATION Section <u>3</u> Township <u>44N</u> Range <u>32</u>		County Cass	
Nearest distance from proposed location to property or lease line: <u>165'</u> feet		Distance from proposed location to nearest drilling, completed or applied - for well on the same lease: <u>390</u> feet	
Proposed depth: 650'	Rotary or Cable tools Rotary	Approx. date work will start July 1, 1982	
Number of acres in lease: Approx 22		Number of wells on lease, including this well, completed in or drilling to this reservoir: <u>2</u> Number of abandoned wells on lease: _____	
If lease, purchased with one or more wells drilled, from whom purchased: Name <u>NA</u> Address _____		No. of Wells: producing _____ inactive _____ abandoned _____	
Status of Bond Single Well <input type="checkbox"/> Amt. _____		Blanket Bond <input checked="" type="checkbox"/> Amt. <u>20,000</u> <input checked="" type="checkbox"/> ON FILE <input type="checkbox"/> ATTACHED	
Remarks: (If this is an application to deepen or plug back, briefly describe work to be done, giving present producing zone and expected new producing zone) use back of form if needed. NA			
Proposed casing program: amt. size wt./ft. cem. <u>40'</u> <u>6"</u> <u>11R</u> <u>top to bottom</u> <u>650'</u> <u>2"</u> <u>11R</u> <u>1" "</u>		Approved casing - To be filled in by State Geologist amt. size wt./ft. cem. _____ _____ _____ _____	
I, the undersigned, state that I am the <u>Sec. Trea.</u> of the <u>Dorado, Ltd.</u> (company), and that I am authorized by said company to make this report; and that this report was prepared under my supervision and direction and that the facts stated therein are true, correct and complete to the best of my knowledge. Signature <u>Barbara Gulgur</u>			

Permit Number: #20349Approval Date: 5/10/82Approved By: Wallace B. Dine

Note: This Permit not transferable to any other person or to any other location.

Remit two copies to: Missouri Oil and Gas Council
P.O. Box 250 Rolla, Mo. 65401

One will be returned for driller's signature

☐ SAMPLES REQUIRED☐ SAMPLES NOT REQUIREDWATER SAMPLES REQUIRED @:

MO. OIL & GAS COUNCIL

MAY 10 1982

RECEIVED

WELL LOCATION PLAT

Owner: _____

Lease Name: CROSSON County: CASS

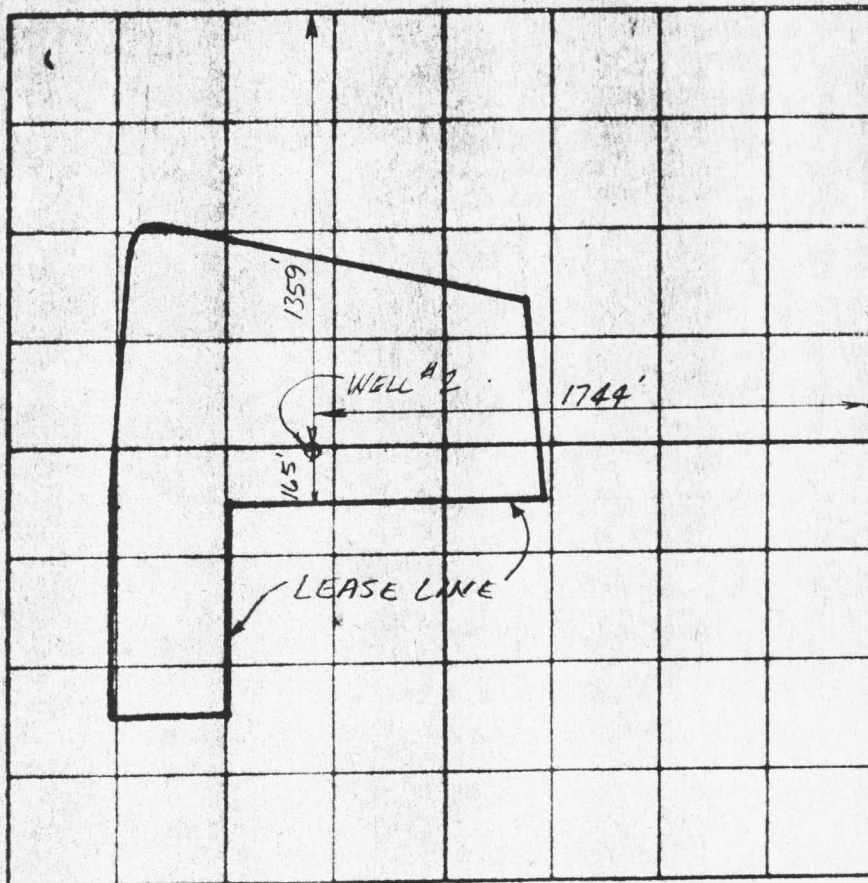
_____ feet from N section line and _____ feet from E section line of Sec. 3, Twp. 44N., Range 32
(N) (E)

N

Well # 2



SCALE
1" = 600'



REMARKS: Well # 2 ELEV. 978 NE 1/4

RECEIVED

MAY 10 1982

MO. OIL & GAS COUNCIL

INSTRUCTIONS

On the above plat, show distance of the proposed well from the two nearest section lines, the nearest lease line, and from the nearest well on the same lease completed in or drilling to the same reservoir. Do not confuse survey lines with lease lines. See rule 10 CSR 50-2.030 for survey requirements. Lease lines must be marked.

This is to Certify that I have executed a survey to accurately locate oil and gas wells in accordance with MO CSR 50-2.030 and that the results are correctly shown on the above plat.

Permit two copies to

Missouri Oil and Gas Council
P.O. Box 250, Rolla, MO 65401

One will be returned

Registered Land Surveyor

Number

597